

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10634744

FILING DATE

APPLICANT(S)

CLAIMS

|    | AS FILED |     | AFTER 1ST AMENDMENT |     | AFTER 2ND AMENDMENT |     |
|----|----------|-----|---------------------|-----|---------------------|-----|
|    | IND      | DEP | IND                 | DEP | IND                 | DEP |
| 1  | 1        |     |                     |     |                     |     |
| 2  |          | 1   |                     |     |                     |     |
| 3  |          | 1   |                     |     |                     |     |
| 4  |          | 1   |                     |     |                     |     |
| 5  |          | 1   |                     |     |                     |     |
| 6  |          | 1   |                     |     |                     |     |
| 7  |          | 1   |                     |     |                     |     |
| 8  |          | 1   |                     |     |                     |     |
| 9  |          | 1   |                     |     |                     |     |
| 10 |          | 1   |                     |     |                     |     |
| 11 |          | 1   |                     |     |                     |     |
| 12 |          | 1   |                     |     |                     |     |
| 13 |          | 1   |                     |     |                     |     |
| 14 |          | 1   |                     |     |                     |     |
| 15 |          | 1   |                     |     |                     |     |
| 16 |          |     |                     |     |                     |     |
| 17 |          |     |                     |     |                     |     |
| 18 |          |     |                     |     |                     |     |
| 19 |          |     |                     |     |                     |     |
| 20 |          |     |                     |     |                     |     |
| 21 |          |     |                     |     |                     |     |
| 22 |          |     |                     |     |                     |     |
| 23 |          |     |                     |     |                     |     |
| 24 |          |     |                     |     |                     |     |
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| 33 |          |     |                     |     |                     |     |
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| 47 |          |     |                     |     |                     |     |
| 48 |          |     |                     |     |                     |     |
| 49 |          |     |                     |     |                     |     |
| 50 |          |     |                     |     |                     |     |

TOTAL IND.

1

TOTAL DEP.

14

TOTAL CLAIMS

15

TOTAL IND.

1

TOTAL DEP.

14

TOTAL CLAIMS

15